


## APPENDIX 8: Cairns SHS Illness / Misadventure Application Form

 <b>Illness and Misadventure – Application Form - Year 11 and 12</b>		
1. This form should only be completed after review of the Academic Integrity Policy, to ensure that this application is an appropriate course of action. 2. This form is to be submitted directly to the Student Services no more than 14 days prior to, or on the due date. This form will then be submitted to the Head of Department for their consideration. 3. Note: One (1) form must to be submitted for each assessment piece.		
Student Name:	Year Level:	Student Email: @eq.edu.au
Subject:	Teacher:	HOD:
Assessment Instrument:		Original Due Date:
Student Statement:		
Illness <input type="checkbox"/> Misadventure <input type="checkbox"/> Provide details of the nature of the illness or misadventure. Include dates of absence/s.		
Explain the impact of your illness/misadventure on your ability to complete your assessment by the due date		
Student Signature:		Parent/Carer Signature
Date:		
Verifying Evidence		
Only applications with third party supporting evidence will be considered. It is the parent / carer and student’s responsibility to organise the supporting evidence for this application.		
<input type="checkbox"/> Attached is a medical certificate stating that I was unfit for duty for a period which includes the due date of the assessment. Year 11 & 12 students must submit a <b>QCAA Medical Report template</b> , available for download from the school website OR		
<input type="checkbox"/> Attached is a funeral notice or equivalent demonstrating impact on the due dates OR		
<input type="checkbox"/> Attached is a third party signed statement (not the student/parent/carers) from a relevant independent professional or independent third party such as a police report stating the nature of the misadventure and covering the due date of the assessment OR		
<input type="checkbox"/> Other. Please specify:		
Office Use:	Application received: ___/___/___	
Head of Department:	Application received: ___/___/___ (decision required within 48 hours)	
The following to be notified <input type="checkbox"/> Student <input type="checkbox"/> Teacher		
Year 7 – 10 Record of Contact in OneSchool		
<input type="checkbox"/> Approved New Due Date: ___/___/___ Year 11 & 12 only <ul style="list-style-type: none"> <li>Documented as “Support Provision” in OneSchool</li> <li>Provision Name: Illness and Misadventure</li> <li>Provision Type: School</li> <li>Provision Target Area: Curriculum</li> <li>Contact Person: HOD making the decision (HOD NAME)</li> <li>Application scanned and attached</li> </ul>		<input type="checkbox"/> Not Approved Documented as ‘Contact’ in OneSchool
Original application: retained on student file in main office. Copy to class teacher for student assessment folder		
HOD Signature:		Date: